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## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).                                                                                                                                                                                                             |      |                   |                            |     |                            |                          |                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------|----------------------------|-----|----------------------------|--------------------------|------------------------|--|
| I hereby appoint:                                                                                                                                                                                                                                                                                                                               |      |                   |                            |     |                            |                          |                        |  |
| Practitioners associated with the Customer Number:                                                                                                                                                                                                                                                                                              |      |                   | 50670                      |     |                            |                          |                        |  |
|                                                                                                                                                                                                                                                                                                                                                 |      |                   |                            |     |                            |                          |                        |  |
| Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):                                                                                                                                                                                                                       |      |                   |                            |     |                            |                          |                        |  |
|                                                                                                                                                                                                                                                                                                                                                 | Name |                   | Registration N<br>Number N |     | lame Registratio<br>Number |                          | Registration<br>Number |  |
| l                                                                                                                                                                                                                                                                                                                                               |      |                   |                            |     |                            |                          |                        |  |
| <del> -</del>                                                                                                                                                                                                                                                                                                                                   |      |                   |                            |     |                            |                          |                        |  |
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|                                                                                                                                                                                                                                                                                                                                                 |      |                   | 171                        |     |                            |                          |                        |  |
| as attorwy(s) or egent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with<br>any and all patent applications assigned <u>only</u> to the undersigned according to the USPTO assignment records or essignment documents<br>attached to this form in accordance with 37 CFR 3,73(b). |      |                   |                            |     |                            |                          |                        |  |
| Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:                                                                                                                                                                                                                      |      |                   |                            |     |                            |                          |                        |  |
| The eddress associated with Customer Number: 50670                                                                                                                                                                                                                                                                                              |      |                   |                            |     |                            |                          |                        |  |
| Firm or                                                                                                                                                                                                                                                                                                                                         |      |                   |                            |     |                            |                          |                        |  |
| Individual Name Address                                                                                                                                                                                                                                                                                                                         |      |                   |                            |     |                            |                          |                        |  |
| Audi 669                                                                                                                                                                                                                                                                                                                                        |      |                   |                            |     |                            |                          |                        |  |
| City                                                                                                                                                                                                                                                                                                                                            | City |                   | State                      |     | Zíp                        |                          |                        |  |
| Country                                                                                                                                                                                                                                                                                                                                         |      |                   |                            |     |                            |                          |                        |  |
| Telephone                                                                                                                                                                                                                                                                                                                                       |      |                   |                            | Fax |                            |                          |                        |  |
| L                                                                                                                                                                                                                                                                                                                                               |      |                   |                            |     |                            |                          |                        |  |
| Assignee Name and Address:                                                                                                                                                                                                                                                                                                                      |      |                   |                            |     |                            |                          |                        |  |
| CEDARS-SINAI MEDICAL CENTER                                                                                                                                                                                                                                                                                                                     |      |                   |                            |     |                            |                          |                        |  |
| 8700 Beverly Boulevard                                                                                                                                                                                                                                                                                                                          |      |                   |                            |     |                            |                          |                        |  |
| Los Angeles, CA 90048                                                                                                                                                                                                                                                                                                                           |      |                   |                            |     |                            |                          |                        |  |
| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be                                                                                                                                                                                                                            |      |                   |                            |     |                            |                          |                        |  |
| filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of                                                                                                                                                                                                                             |      |                   |                            |     |                            |                          |                        |  |
| the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.                                                                                                                                        |      |                   |                            |     |                            |                          |                        |  |
| SIGNATURE of Assignee of Record                                                                                                                                                                                                                                                                                                                 |      |                   |                            |     |                            |                          |                        |  |
| The individual whose signature and title is supplied below is authorized to act on behalf of the assignee                                                                                                                                                                                                                                       |      |                   |                            |     |                            |                          |                        |  |
| Signature                                                                                                                                                                                                                                                                                                                                       |      |                   |                            |     | Date January 26, 2005      |                          |                        |  |
| Name                                                                                                                                                                                                                                                                                                                                            |      | Peter E. Braveman |                            |     |                            | Telephone (310) 423-5000 |                        |  |
| Title                                                                                                                                                                                                                                                                                                                                           |      |                   |                            |     |                            |                          |                        |  |
| This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and                                                                                                                                                                         |      |                   |                            |     |                            |                          |                        |  |

This collection of information is required by 37 CPH 1331, 132 and 13.3. The information is required to obtain or retain a benefit the public whom is to the (and by the USPT to process) an application of CPH of the Information is required to obtain or retain a benefit to the use of the SPT of the Information is estimated to take 3 minutes to complete, including gethering, preparing, and submitting the completed application form to the USPTO. The well very depending upon the midridual case. Any comments on the amount of time you require to complete this flow and/or suppositions for motion the use of the sent to the first manifold required in the submitted of the sent to the first manifold (TeM) or the sent to the sent to